Nurse-led Home-based Palliative Care Pilot

Wendy Sofolo | DNP Student | Kaplan University

Problem

The dying patient is generally well served by hospice, but according to the Institute of Medicine (IOM), there is a demand to improve care for those carrying a diagnosis of serious, chronic, life-limiting conditions (Institute of Medicine, 2004). The IOM further states that there is a disparity in access to appropriate care, fragmentation of services, and lack of appropriately trained clinicians to provide care (Institute of Medicine, 2004). Locally, the Home Health Care nurses and Medical Director have identified an absence of palliative care services. This piece is missing in the care continuum.

Purpose

• The purpose of this project was to meet the need for palliative services to the population suffering life-limiting chronic illness, not yet appropriate for hospice care, thereby improving quality of life for the sickest patients. Further, it was to provide improved care coordination, decrease re-hospitalization, and assist in meeting the triple aim—improved quality of life, improve care coordination, decrease re-hospitalization, and assist in meeting the triple aim—improved quality, improved patient experience, and decreased cost.

Project Overview

The dying patient is served by hospice, but there is an imperative to improve care for those with diagnoses of severe, chronic, life-limiting conditions in those not appropriate for hospice care. The project’s aim was to provide for palliative services to the population thereby improving quality of life the improve care coordination, decrease re-hospitalization, and help to meet the triple aim. Orem's Self-Care Deficit Theory and Watson’s Theory of Human Caring provided theoretical framework. The goal was to provide in-home care focused on symptom relief for the patient and stress-relief for the caregiver. A nurse practitioner provided visits.

Clinical and Operational Metrics

• Operational metrics
  - Volume, type, source
  - Demographics
  - Off hours calls
  - Readmission rates
  - Patient satisfaction
  - COPD readmission rates
• Clinical metrics
  - Palliative Performance Scale (PPSV2)
  - Edmonton Symptom Assessment System Revised (ESAS-r)

Results

• Advance Directives 75% completed and stored in EMR
• Readmission rates COPD changed from 21.4% to 16.7%
• PPSV-2, ESAS-r results were unchanged per patient
• Satisfaction surveys return positive
  - 67% returned first survey
  - 11% returned second survey

Strengths & Limitations

Strengths

The project’s strengths include the response to the project by nursing and most physicians. Most physicians are open to the concept of an added layer of support for these sickest patients, though education is ongoing and best presented on a case-by-case basis. Early indications from surveys are that patients appreciate the extra support in their homes and the individualized care coordination. Physicians are able to hand off lengthy advance care planning visits to the APN, which allows the physician to increase productivity.

Limitations

The most significant limitation is that the project is slow to produce quantifiable results. Further, the chosen population is too narrow to produce enough program participants. It has been slow to generate revenue.

Conclusion

As the pilot progressed, ongoing evaluation allowed the project to correct its course to meet the established goals. The patient was at the center of this pilot, thus patient response dictated its course. Knowledge gained through the practice project should be disseminated in order to advance innovative healthcare. This plan is a conservative approach to a palliative care pilot. The need has been established and is desired by patients, providers, and payers. The program began small to maintain a manageable size and change the model as necessary.

Future of the Project

Future palliative care projects in rural areas would be served to include broader patient diagnoses from the beginning. Soliciting more than one physician champion would help feed the pilot more patients thereby providing more data.

Works Cited